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ABSTRACT

Although research has shown a clear relationship between employment and rehabilitation of drug abusers, efforts to develop comprehensive vocational services in drug treatment programs have been limited. To examine the nature and extent of vocational- and employment-related services in NIDA-funded drug treatment programs, 164 clinics responded to an open-ended questionnaire designed to ascertain the degree to which five employment-related services were provided to clients: vocational assessment, skill training, job counseling, job placement, and job development. The relationship of the availability of vocational services to the employment rates of clients was also examined. The results revealed that about one-third of the clinics did not report that employment counseling was available for clients. In over half the clinics, no budget was identified for vocational services. Less than 20% of the clinics had vocational rehabilitation specialists, job counselors, or job developers as staff members. Staff from community employment-related agencies were seldom used by the clinics. The existence of job counseling, job placement, and job development services in clinics was positively correlated with the difference between admission and discharge employment rates of clients. The findings suggest a general lack of well-defined vocational services in drug treatment programs, although many clinics attempt to develop services or provide some type of vocational assistance to clients. (Author/NRB)

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Employment Related Services in Drug Treatment Programs

Robert L. Hubbard
Henrick J. Harwood

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U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
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PREFACE

A study was conducted of the employment-related services provided by NIDA-funded drug treatment programs. A stratified random sample of 194 treatment programs was selected and surveyed through an open-ended questionnaire to understand the degree to which five employment-related services were provided to clients--vocational assessment, skill training, job counseling, job placement, and job development. Responses were received from 164 clinics. The relationship of the availability of vocational services to the employment rates of clients in treatment was also examined.

About one-third of the clinics did not report that employment counseling was provided to clients. In over half the clinics contacted, no budget was identified for vocational services. Less than one in five clinics could identify vocational rehabilitation specialists, job counselors, or job developers on their staff. Staff from community employment-related agencies were seldom used by the clinics. However, the existence of job counseling, job placement, and job development services in clinics was positively correlated with the difference between employment rates of clients at admission to and discharge from treatment.

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SUMMARY

The results of this study corroborate the findings of the few previous research studies of vocational services. There still appears to be a general lack of well-defined vocational services in drug treatment programs. However, many clinics appear to be making an attempt to develop services or provide some type of vocational assistance to clients. About one-third of all clinics funded by NIDA did not report that vocational or employment counseling was provided to clients in the program. About one out of every eight NIDA-funded clinics did not indicate that vocational training was available through referral. (The study examined the availability of services. No assessment was made of either the quality of the services or whether the services were effectively utilized.) This was despite the requirements of the Federal funding criteria and an increased emphasis on the need for vocational services for drug treatment clients. A significant number of clinics with clients who could benefit from vocational services did not appear to have taken even the first steps toward providing these services.

Few resources appeared to be available to clinics for vocational services. In over half of the clinics contacted it was clear that no budget was identified for vocational services. Less than one in every five clinics sampled had identified vocational rehabilitation specialists, job counselors, or job developers. In most clinics, the responsibility for vocational services appeared to fall on general counselors. It was seldom clear whether the staff providing services had training or prior experience in vocational issues. Staff from community vocational resources were seldom utilized by the clinics.

It was difficult to assess the real nature or utilization of vocational services offered by NIDA-funded clinics. A majority of the clinics, however, did not appear to have well-structured approaches to vocational issues. Few clinics required clients to have their vocational needs assessed or to receive job-related counseling. Almost half the clinics contacted could not provide information on the number of clients currently receiving vocational services.

An examination of five components of vocational services--assessment, vocational counseling, skill training, job development, and job placement--further indicated that many clinics did not have well-defined services. Although services were often reported as available, less than half the clinics reported current utilization of the services. Many clinics could not identify staff responsible for the services they reported as available.

Many clinics were aware of referral sources for each vocational service. However, the State departments of vocational rehabilitation were not mentioned as a referral source for assessment by two-thirds of the clinics and only eight clinics mentioned the State employment service as a resource for vocational assessment. A majority of clinics did not mention DVR, Comprehensive Employment and Training Act (CETA) programs, or schools as referral sources for vocational or skill training.

Many clinics appear to delay providing vocational services. A few clinics report delays that exceed the time periods recommended in the Federal funding criteria.

In this study, it appeared that the treatment modality, client characteristics, and unemployment rates in a community could impact on the development of vocational services. In clinics where clients appear to have low opportunities for employment either because of sex, age, race, education, employment status at admission or high unemployment in the community, more vocational services were reported.

There was also evidence that vocational services could improve the employment rates of clients leaving treatment. The existence of job counseling, job placement, and job development services in clinics was positively correlated with the difference between admission and discharge employment rates. Positive though not significant relationships were also found even after other possible predictors were taken into account.

At a minimum, programs should continue to be strongly encouraged to provide vocational rehabilitation services required by the Federal

funding criteria. They should document how client vocational needs are assessed, what counseling on vocational issues is provided in the program, and what contacts are made with community vocational resources.

INTRODUCTION

This is a report on a study conducted in 1977 that examined the nature and extent of vocational and employment-related services in drug treatment programs. Few programs have developed comprehensive vocational services, and little is known about the services that have been developed. This study is a first step in providing information on the general scope of vocational and employment services available to drug treatment clients.

BACKGROUND

Although the available data show a clear relationship between employment and rehabilitation of drug abusers (Hubbard 1977), efforts to develop comprehensive vocational services in drug treatment programs have been limited in the past to a few unique programs. Those programs that have developed services have usually done so as part of research and demonstration projects or under very special circumstances.

While most treatment programs have considered client employment to be an indicator of successful treatment, few have been able to provide the range of services needed to prepare ex-addicts for employment and to help them secure jobs. Goldenberg (1972) found "no viable operating examples of models" in the Greater Boston area that met the employment needs of drug treatment clients. He reported that although the drug program personnel, employers, and treatment clients surveyed tended to feel that a job was important in rehabilitation, programs were not providing adequate services.

Other studies have found little evidence of vocational or employment services in treatment programs. Sells (1974a,b) reported that fewer than 1 of every 20 clients admitted to treatment programs in the first 2 years of the Drug Abuse Reporting Program (DARP) participated in vocational training outside the programs. The System Sciences, Inc. (1973), evaluation of 24 therapeutic communities reported that only about 15 minutes a day were involved with vocational training and less than 20 minutes a day with jobs outside the program. Studies of the Addiction Services Agency (ASA) in New York (Burt and Glynn 1976) and the Narcotics Treatment Administration (NTA) in Washington, D.C. (Burt and Pines 1976), found that only 11 percent of NTA clients in 1971-1973 participated in job training, referral, placement counseling, or vocational rehabilitation counseling, and fewer than 1 in 20 ASA clients in 1971 found vocational rehabilitation or job counseling the most helpful activity. Few clients in either program felt that treatment programs helped them find jobs. Although both treatment program staff and clients in the Johns Hopkins Interdrug study (Mandell et al. 1973) agreed that "economic independence" and "a meaningful work role" were important objectives of treatment, less than an hour a week was devoted to finding jobs for clients or preparing clients for employment. From these studies, it is clear that vocational and employment services were not major elements of most treatment programs.

The apparent lack of vocational services available to clients generated increased concern about vocational rehabilitation as a component of the treatment process. A number of publications are now available that can familiarize program administrators and counselors with employment and training issues. Special demonstration projects have been conducted to assess the impacts of vocational services on the employment-related behaviors of treatment clients.

Federal funding criteria for drug treatment programs (U.S. Office of the President 1975) require that vocational counseling, training, job development, and placement be made available to clients. Clients in outpatient treatment are encouraged to find employment within 120 days of enrollment, and it is recommended that clients in residential programs participate in employment-oriented activities within 60 days of admission. Participation and progress in such activities are required to be noted in the clients' records. The methadone regulations and the drug abuse treatment standards of the Joint Commission on the Accreditation of Hospitals (1975) also require that vocational services be provided for clients.

At the time of the study it appeared that programs were taking a greater interest in vocational rehabilitation. In the 1976 National Directory of Drug Abuse Treatment Programs based on a 1975 National Drug Abuse Treatment Utilization Survey (NDATUS), only 55 programs of the approximately 3,800 listed reported providing any kind of job-related services (NIDA 1975). (However, in that survey vocational services were not listed as possible responses. Programs could only write in a description of available vocational services.) In the 1976 NDATUS survey, vocational services were listed and programs could readily check off the type of services available (NIDA 1976b). A special analysis of the approximately 4,400 clinics in the 1976 NDATUS survey indicated that almost all programs reported job counseling or placement services and a third offered some kind of skill training. However, little was known about the nature or quality of reported employment-related services available to clients in these treatment programs. This apparent rapid expansion in the reports of services between 1975 and 1976 may be an artifact of the changes in the NDATUS questionnaire.

Despite the regulations and the increased availability of resource materials on vocational rehabilitation for ex-addicts, a significant number of treatment clients leave programs without jobs. In 1976 only about one out of every five clients was employed full-time at discharge from treatment (NIDA 1977). In 1977 while 22 percent of the clients discharged had been employed at admission into treatment and remained employed at discharge, 63 percent were unemployed at admission and remained unemployed at discharge. Only 10 percent of clients unemployed at admission secured employment by the time they were discharged. More recent data reveal similar situations with 61 percent unemployed at admission and discharge, 26 percent employed at admission and discharge, and only 8 percent securing employment during treatment in 1978 (NIDA 1978, 1979). In 1979 provisional data show that 59 percent were unemployed at admission and discharge, 26 percent were employed at admission and discharge, and 10 percent secured employment during treatment (NIDA 1980). Many of these clients leave before completing treatment. Over one-quarter leave within a month after entering a treatment program and close to half leave within 2 months. It may not be possible to provide significant vocational services that have much impact on clients who leave treatment after a short time. The effectiveness of vocational services might be better assessed by examining the employment-related outcomes of clients who complete treatment or who remain in a program long enough to receive available vocational services.

STUDY OBJECTIVES

The overall aim of the study was to explore the nature and extent of employment-related services being provided in NIDA-funded drug treatment programs in 1977 and to begin to analyze the impact of those services on client outcomes. Specifically the objectives of the study were to:

- Describe the vocational and employment services available in a national random sample of NIDA-funded drug treatment programs.
- Indicate differences in vocational services available in three major modalities: outpatient drug free, outpatient methadone and residential drug free.
- Assess the relationship between available vocational services and employment rates from Client Oriented Data Acquisition Process (CODAP) data.

APPROACH

Data were collected in an open-ended fashion to capture the diversity of approaches for providing vocational rehabilitation services.

The results from the study are presented as follows. First, general descriptive information on the vocational and employment services is presented. A second section focuses on each of the five major types of services: vocational assessment, job counseling, skill training, job placement, and job development. For each of the services, a general description of the availability, utilization, and staffing for the services is presented. In a third section, the relationship between services and client employment rates is examined. Finally the results of the study are summarized.

1. METHODOLOGY

This study was designed as an exploratory study. Little was known about how drug treatment programs in general offered vocational and employment services. Consequently, the study began with a very broad, open-ended focus. As the study progressed it was possible to develop a more systematic analysis of the nature and extent of vocational services. The results from the analysis of a variety of programs and approaches could then be presented in a more useful way. The major elements of the study methodology (sampling, data collection, and data analysis) are discussed below.

SAMPLING

The objective for the sampling was to represent the total population of NIDA-funded drug treatment clinics. The clinic was selected as the unit of analysis because vocational services could be delivered at that level. All clinics which received some portion of their funding by or through NIDA as reported in the 1976 NDATUS-CODAP systems were included in the population to be sampled (NIDA 1976a,b).

A stratified random sampling procedure was used to select clinics. The strata included three treatment modalities and three city sizes. The treatment modalities were outpatient/drug free, methadone maintenance, and residential. If any clinic included multiple modalities it was classified according to the principal treatment modality. For example, a methadone or residential clinic with only a small outpatient component would be classified as either a maintenance or residential clinic. Day care clinics were classified as residential clinics for the purpose of this study because the amount of time available to spend with clients on vocational issues was most similar for these two modalities. The city size strata are based on those used in CODAP reports.

A total sample of 194 clinics was selected to represent the national population of NIDA-funded treatment clinics. The characteristics of the sample are presented in table 1. The numbers in parentheses indicate the number of programs for which information was available.

DATA COLLECTION

The assembling of the information on clinics began in February 1977 and was completed in June of 1977. Most of the information collected describes services offered during 1976 or early 1977.

Information on each of the selected clinics was collected from three main sources: official

TABLE 1. --Sample of clinics by city size and treatment modality[1]

City size	Modality			
	Methadone	Residential	Outpatient drug free	Total
Over 3 million	9 (9)	20 (20)	20 (17)	49 (46)
1 million to 3 million	10 (11)	21 (18)	21 (17)	52 (46)
Under 1 million	10 (8)	35 (30)	48 (34)	93 (72)
Total	29 (28)	76 (68)	89 (68)	194 (164)

[1]Numbers in parentheses indicate number of programs for which information was available.

data sources, information provided by programs, and followup phone contacts. The National Drug Abuse Treatment Utilization Survey (NDATUS) provided basic information on the general characteristics of clinics such as client capacity and staff size. From the CODAP data, information on demography of clients, employment rates, and participation in skill-training programs at admission and discharge was obtained.

A letter was sent to each clinic selected requesting a general description of the vocational and employment services available for clients. The replies came in a variety of forms including pamphlets describing services, grant applications, and detailed written descriptions of services. Followup phone calls were made to clinics to clarify the information that was provided.

The response rates by treatment modality are presented in terms of the information available. (See table 2.) Of the 194 clinics, comprehensive information on vocational services was obtained for 164 clinics. Twelve clinics appeared to be inappropriate for the purposes of this study. These included three crisis centers, eight schools or youth programs, and one drug education program. Six of the clinics contacted were terminated, and information was unavailable on 12 other clinics except for CODAP and NDATUS information.

DATA ANALYSIS

A general description of the information obtained from each of the 164 responsive clinics was entered on forms developed for that purpose. The descriptions were reviewed by two coders. An attempt was made to develop comparable information across the sample of programs. A codebook was designed to organize and categorize the information obtained. The information was coded on two levels. The first was the general description of vocational services available to clients. This usually involved the presence or absence of a particular type of service.

Five general categories of vocational and employment-related services of special interest were identified: vocational assessment, skill training, job counseling, job placement, and job development. Vocational assessment included any evaluation or counseling concerning a client's employment needs, interest, abilities, and goals. Skill training encompassed any services designed to teach a specific skill or to provide a general work orientation. These services included activities such as institutional skill training, on-the-job training, work experience, supported employment, or sheltered workshops. Placement covered the recommendation of clients to employers, assessment of job opportunities, or instruction in job-hunting skills. Job development focused more on the creation of jobs for clients by removing artificial barriers to employment, creating guaranteed job slots, or talking with employers about available jobs for clients. Job counseling was a general term used to describe group or individual sessions with clients on general aspects of employment and training.

The second type of coding was an assessment of the overall nature and utilization of the general vocational services provided and each type of service offered. This assessment was

TABLE 2.--Number of clinics responding by treatment modality

Modality	Clinics excluded from sample		Clinics providing no information		Clinics providing complete information	Total
	Inappropriate	Terminated	Refused	No response		
Outpatient drug free	11	3	2	3	68	[1]87
Methadone	0	0	0	3	28	[1]31
Residential	1	3	2	2	68	76
Total	12	6	4	8	164	194

[1]Two outpatient drug-free clinics were later reclassified when it was determined that they offered methadone services.

based primarily on how much detailed information was available describing the type and structure of services offered. Another key item was evidence of activity related to a vocational service such as counselor caseload, number of referrals made, or number of companies contacted. It was determined that such information would indicate that services were actually being utilized.

Because various pieces of information were available from some programs and not others, the data analyses are based on the total sample of 164 programs.

2. GENERAL DESCRIPTION OF VOCATIONAL AND EMPLOYMENT SERVICES

The information obtained in the study is presented in three parts: one describing the availability of vocational services; the second discussing resources for vocational services; and the third indicating the nature and utilization of services. It should be noted that most of this information was derived from general descriptions of overall vocational services. When specific details of the five components discussed in chapter 3 were examined, inconsistencies were often encountered. Despite attempts to resolve these inconsistencies, the information in this chapter differs in some ways from the information presented in the following chapters of this report.

Specifically, the general information obtained about services available in-house and through referral did not always correspond to detailed descriptions of how a particular service was offered. A particular type of service could be described as available for clients in a program. However, the more detailed description of how the service was offered often suggested that the service could not legitimately be described as a viable, structured vocational service. For example, job placement or vocational counseling was often described as informal attempts to help clients find training or jobs if a client asked for assistance. General staff descriptions often indicated that only one counselor was involved in vocational services, while a variety of other staff were often also reported to be involved in specific types of vocational services. These inconsistencies could not be clearly resolved and the data are presented as they were obtained and coded.

AVAILABILITY OF VOCATIONAL SERVICES

Information on services was obtained both from NDATUS and clinic descriptions of services available in the clinic and through referrals to community agencies.

NDATUS Results

The first item of information is the description of services derived from the 1976 NDATUS report. (See table 3.) That report indicated that 26 percent of the 164 sample clinics offered skill-training services and 66 percent offered job placement or job counseling services. Almost all clinics offering skill training also reported offering job placement/counseling services.

Most of the clinics which offered training were residential. Only 2 methadone and 11 outpatient clinics reported having skill training available for clients. A majority (66 percent) of clinics in all modalities reported job counseling/placement services were available. Four out of every five residential clinics offered such services compared to only about half of the outpatient drug-free clinics.

Clinic Vocational Services

Although the current study found a much higher percentage of clinics providing vocational services (90 percent versus 68 percent), the NDATUS figures corresponded closely to the number of clinics reporting different types of vocational services available in the current study. In-house job counseling services were reported by 77 percent of the clinics, skill training by 25 percent, and placement by 49 percent. A detailed breakdown of five different services provided in the clinics is presented in table 4. From this table it is clear that most clinics report they offer assessment and counseling services in-house, while training and placement are less likely to be available at the clinic. Less than one out of every three clinics reported efforts to develop jobs for clients through the clinic.

The highest proportion of in-house services were reported by residential clinics. About 9 out of 10 reported counseling, and 8 out of 10 reported assessment services compared

TABLE 3. --Number and percent of clinics reporting skill training or job placement/counseling services to NDATUS

	Modality							
	Methadone		Residential		Outpatient drug free		Total	
	N	Percent	N	Percent	N	Percent	N	Percent
Provided vocational services	17	(61)	55	(81)	40	(59)	112	(68)
Skill training[1]	2	(7)	30	(44)	11	(16)	43	(26)
Job placment/counseling[1]	17	(61)	54	(79)	37	(54)	108	(66)
Provided no vocational services	11	(39)	13	(19)	28	(41)	52	(32)
Total clinics	28	(100)	68	(100)	68	(100)	164	(100)

[1]A single clinic could report having multiple services or resources. Therefore, the percent in the rows such as "skill training" and "job placement counseling" do not necessarily add to the percent of clinics providing any type of vocational service.

TABLE 4.--Number and percent of clinics with five types of vocational services described as available in-house

	Modality							
	Methadone		Residential		Outpatient drug free		Total[1]	
	N	Percent	N	Percent	N	Percent	N	Percent
Provided vocational services	23	(82)	66	(97)	59	(87)	148	(90)
Assessment	18	(64)	56	(82)	43	(63)	117	(71)
Counseling	17	(61)	60	(88)	49	(72)	126	(77)
Training	2	(7)	29	(43)	10	(15)	41	(25)
Placement	13	(46)	39	(57)	28	(41)	80	(49)
Job development	10	(36)	30	(44)	20	(29)	60	(37)
Provided no vocational services	5	(18)	2	(3)	9	(13)	16	(10)
Total clinics	28	(100)	68	(100)	68	(100)	164	(100)

[1]A single clinic could report having multiple services or resources. Therefore, the percentages in the rows such as "skills training" and "job placement counseling" do not necessarily add to the percentage of clinics providing any type of vocational service.

to about 3 out of 5 methadone or outpatient drug-free clinics. As in the NDATUS results, a higher proportion of residential clinics offer skill training in the clinic while only 2 methadone and 10 outpatient drug-free clinics offered skill training in the clinic.

Referral Vocational Services

Referral sources were used primarily for skill training. (See table 5.) Eighty-six percent of the clinics responding used referral as a means of providing skill training. Job placement services outside the clinics were reported by over half the clinics (62 percent), a rate somewhat higher than placement activities inside the clinic (49 percent). Outside vocational assessment was reported less frequently (51 percent) than in-house assessment (71 percent). Few clinics used outside resources for counseling (35 percent) or job development (21 percent).

The residential clinics appeared less likely to report referral sources for assessment than either methadone or outpatient drug-free clinics. Fourteen methadone clinics, half the methadone clinics in the sample, reported that outside referral was available for job counseling. Only about one-quarter of the residential and just over a third of the outpatient drug-free clinics reported counseling was obtained through referral. Few other differences were observed among the modalities.

RESOURCES FOR VOCATIONAL SERVICES

It was difficult to determine accurately the resources allocated to vocational services. Few programs identify staff as vocational staff and even fewer report budgets for vocational services. Most vocational services seem to occur as a part of the overall treatment process. Attempts were made, however, to identify three types of resources: budget, clinic staff, and community agency staff assigned to a clinic.

Budget

Only 19 (12 percent) clinics had an identifiable separate budget for vocational services. Thirteen of the clinics had budgets over $5,000. It was not possible to determine whether budgets were available in 43 (26 percent) of the clinics. It was clear that no separate budget was available in 102 (62 percent) of the clinics.

Staff

Another indication of the availability of the vocational services is the staff assigned to provide the service. The identification of staff responsible for providing vocational services is complex. Often staff are designated to provide vocational and employment

TABLE 5.--Number and percent of clinics with five types of vocational services available through referral

	Modality							
	Methadone		Residential		Outpatient drug free		Total	
	N	Percent	N	Percent	N	Percent	N	Percent
Provided vocational services	27	(96)	64	(94)	63	(93)	154	(94)
Assessment	12	(43)	27	(40)	46	(65)	83	(51)
Counseling	14	(50)	18	(26)	27	(37)	57	(35)
Training	24	(86)	58	(85)	64	(87)	141	(86)
Placement	16	(57)	39	(57)	47	(68)	101	(62)
Job development	7	(25)	10	(15)	19	(26)	35	(21)
Provided no vocational services	1	(4)	4	(6)	5	(7)	10	(6)
Total clinics	28	(100)	68	(100)	68	(100)	164	(100)

services as one of a number of assignments in the clinic. There was a great deal of confusion as to the responsibilities and training of staff assigned to vocational and employment services. Consequently, the data presented here may reflect an upward bias in responses, that give a more favorable picture of the availability of vocational services than may actually exist.

First, attempts were made to assess the number of clinics with staff assigned full-time to vocational and employment services. Often, attempts to confirm this information indicated that clinics initially reported that full-time staff were assigned to vocational and employment services, when in fact they were assigned only part-time to these services. Further clarification of the staffing by the programs revealed that 13 (8 percent) clinics had teachers, 37 (23 percent) had vocational rehabilitation specialists, 21 (13 percent) had job counselors, 10 (6 percent) had job developers, and 45 (27 percent) had other counselors assigned full-time to vocational and employment services. It is significant that 48 percent of the clinics reported that they had no full-time vocational staff, with 64 percent of the methadone maintenance clinics and 50 percent of the outpatient drug-free clinics so reporting. (See table 6.) Few clinics reported more than one full-time staff member for vocational services. This data could not be ascertained for 22 (13 percent) of the clinics contacted.

Additional problems were encountered when efforts were made to ascertain the type of training staff received in providing vocational or employment services. One-third of the clinics reported that one or more staff had received formal training. Despite attempts to clarify the type of training received, it remained unclear how many staff who were involved with providing vocational services had formal degrees or related education in vocational rehabilitation. The information on paraprofessional training was similarly unclear. Twenty-six (16 percent) clinics reported that at least one staff member had received training in vocational rehabilitation which was categorized as paraprofessional or inservice. Many of the staff who worked in vocational areas may have had paraprofessional or inservice training, but not necessarily for vocational rehabilitation or employment-related services. Information was unavailable on the level of staff training in 42 of the clinics contacted.

Community Agency Personnel

Another method of staffing clinics is with personnel from other agencies. Attempts were made to determine whether staff from Departments of Vocational Rehabilitation (DVR), Comprehensive Employment and Training Act Programs (CETA), or other agencies were assigned to the clinic or specifically assigned to clinic clients referred to their agencies. (See table 7.) Only eight clinics (5 percent) reported that DVR staff were assigned to the clinic and available in-house and nine (5 percent) clinics had CETA staff available. DVR made staff available to six (4 percent) clinics and CETA made staff available to five (3 percent) clinics at the referral location. There was a similar level of involvement with a variety of other services. Even these low figures may be inflated because the staff identified as CETA employees may not in fact provide employment-related services.

TABLE 6.--Number and percent of clinics with full-time vocational staff

	Modality							
	Methadone		Residential		Outpatient drug free		Total	
	N	Percent	N	Percent	N	Percent	N	Percent
Full-time vocational staff	10	(36)	42	(62)	34	(50)	80	(52)
Teachers	0	(0)	11	(16)	2	(3)	13	(8)
Rehabilitation specialists	8	(29)	22	(32)	7	(10)	37	(23)
Job counselors	3	(11)	10	(14)	8	(12)	21	(13)
Job developers	1	(3)	6	(9)	3	(4)	10	(6)
General counselors	4	(14)	18	(26)	23	(34)	45	(27)
No full-time vocational staff	18	(64)	26	(38)	34	(50)	78	(48)
Total clinics	28	(100)	68	(100)	68	(100)	164	(100)

TABLE 7.--Number of clinics with vocational agency staff assignments

	Agency			
	DVR	CETA	Education	Other
Vocational agency staff at clinic	8	9	2	6
Vocational agency staff at agency	6	5	0	3

NATURE AND UTILIZATION OF VOCATIONAL SERVICES

General descriptions of services such as those given above provide limited indication of the nature or utilization of the vocational services. More details are necessary to ascertain the potential and actual viability of the services. To do this, three pieces of information were examined: description of services, required services, and utilization of services.

Description

First, the way in which each clinic generally described its vocational services was examined. Three types of descriptions or policies that were considered to indicate a strong orientation toward vocational services. Twenty-nine (18 percent) clinics described their programs as having strong job readiness, skill training, and vocational rehabilitation components. Eleven (7 percent) stated a major aim was to get clients employed. Seven (4 percent) clinics reported that clients must be enrolled in school or employed before graduation from the clinic. Most other clinics describe their services as informal or merely stated that services were available. Over half the clinics contacted described vocational services as available through referral. These descriptions suggest that vocational services were viewed by most of the programs as nonessential.

Requirements

A second element of information examined was whether participation in vocational services was required as a part of the treatment process. About one in four clinics reported that vocational assessment (25 percent), job counseling (21 percent), skill training (20 percent), or job placement (20 percent) were required by the clinic. Participation in vocational services was required more frequently by residential clinics. About 1 in 3 residential clinics required that clients receive vocational assessment or skill training compared to about 1 of every 10 methadone or outpatient drug-free clinics contacted.

Utilization

Finally, an attempt was made to determine whether the program actually provided vocational services to clients. What seemed to be a straightforward piece of data proved difficult to ascertain. Only 100 (61 percent) of the clinics studied had information available on the number of clients receiving vocational or employment services at the time the clinic was contacted. Twenty-eight (17 percent) of the clinics contacted reported they did not know how many clients were receiving services. In 36 programs (22 percent) it could not be ascertained whether clients were receiving services at the time the clinic was contacted.

3. COMPONENTS OF VOCATIONAL AND EMPLOYMENT SERVICES

In this section a more detailed assessment is presented for each of five components of vocational services: vocational assessment, job counseling, skill training, placement, and job development. Information on each component was not available for all clinics. Furthermore, the actual structure and conduct of a particular type of service often indicated that although a service was available in principle, in fact the service was not sufficiently structured to be deemed available or utilized to any extent. Thus, the figures and percentages describing services presented in this section may differ from the results on the availability of services in the preceding section.

The following information is presented on each vocational service element: a description of the services; when the service is available; current utilization of the service; and staffing for the service. When available, more information is also presented. The descriptions include information on services in the clinic and those provided through referral. The numerical breakdowns on services and service providers is given for only major categories, those reported most often by the clinics. Many clinics provided services both in the clinic and through referral while others provided services either only through referral or only in the clinic. Furthermore, some clinics could not, or would not, provide detailed information on some of the components of the vocational services. In such cases, it was assumed that the detailed description was a more accurate indication of the true availability of services. Therefore, the total number of clinics describing services in this section do not necessarily correspond to the number of clinics reporting referral and clinic services separately in tables 4 and 5.

ASSESSMENT

Descriptions of assessment services were available for 150 (91 percent) of the 164 reporting sample clinics. Eighty-eight (54 percent) of the clinics reported that clients' vocational and employment needs were assessed through interviews with clients. Sixty-two (38 percent) administered vocational or employment-related tests or interest inventories. Seventy-nine clinics actually described assessments that were currently conducted through referral agencies. Thus, while 83 clinics (51 percent) reported that assessment services were available through referral (table 5), only 79 could provide details on the services. However, only 27 percent of the clinics contacted reported that clients were currently receiving assessments in-house and only 15 percent reported that they were receiving them through referral.

One caution should be noted. It was often difficult to determine whether vocational and employment assessment was conducted independently of the normal intake process. Forty clinics (24 percent) reported that in-house assessment was completed at or shortly after intake. Another 26 clinics (16 percent) conducted assessments between 1 and 9 months after intake. Ten clinics (6 percent) assessed vocational needs only after stabilization or upon a determination of readiness. The point of vocational assessment could not be ascertained for 88 clinics.

Seventy-two (44 percent) of the 164 reporting clinics identified staff conducting assessments. Fourteen clinics used psychiatrists, psychometrists, or psychologists for assessment. Twenty-two clinics reported that vocational rehabilitation specialists conducted assessments. Thirty-three had general counselors conduct assessments. Fifty-eight of the clinics (35 percent) had no special staff assigned to conduct vocational assessments for clients enrolled at the clinic. For 34 clinics (21 percent) staffing for assessment could not be ascertained. Only 45 clinics (27 percent) reported that clients had actually received assessment services at the clinic within the month prior to the survey.

For the clinics that provided assessment through referral, 52 (32 percent) mentioned DVR as a referral source and 10 (6 percent) mentioned CETA. No referral sources were

mentioned by 87 (53 percent) of the clinics contacted. Eighteen clinics referred clients at intake while 12 reported referral upon completion of between 1 and 9 months of treatment. Another 14 clinics referred clients upon stabilization, determination of readiness, or at the clients' request. Only 25 clinics (15 percent) reported that they had referred clients for assessment in the month prior to this study.

VOCATIONAL COUNSELING

One hundred fifty-two clinics (93 percent) provided descriptions of vocational counseling services. Although 57 clinics reported that vocational counseling was available through referral (see table 5), only 44 clinics could provide details on how counseling was provided through referral sources. DVR was mentioned as a source for 27 clinics and CETA was mentioned by 9 clinics.

In-house services included individual and group counseling to determine client goals and needs (66 clinics), instruction in job-getting techinques (51 clinics), and individual counseling on the job search (15 clinics).

Some kind of vocational plans were prepared by 61 clinics. Most clinics emphasized goal setting (31 clinics) or short-term plans to get a job or to enter school (26 clinics). Twelve clinics reported that career planning was an important goal of counseling. Approximately equivalent proportions of each of the three modalities prepared vocational plans.

Eighty-one (49 percent) of the clinics provided information on the point where vocational or employment counseling was introduced to the client. Twenty-five clinics began such counseling at intake. Twenty-seven introduced counseling between 1 month and 1 year after intake. Another 27 clinics offered counseling only after stabilization or a determination of readiness.

Vocational counseling was usually the responsibility of general counselors (50 clinics), vocational rehabilitation specialists (27 clinics), or job placement/development specialists (18 clinics). Sixty-five clinics (40 percent) reported that counselors or specialists actually had caseloads. The actual caseloads varied between 2 and 100 clients. A majority of these caseloads (36 clinics) were between 10 and 30 clients. Only 12 clinics reported caseloads greater than 30.

SKILL TRAINING

Of the 164 reporting clinics in the sample, 157 clinics (96 percent) described some kind of vocational training service. However, although 39 clinics (24 percent) could describe the training or preparation that was available in the clinic, and 9 out of 10 clinics indicated that training was available through referral, little descriptive information on the nature of the services available in-house or through referral was provided in a way that could be readily categorized.

Some basic data were available on in-house training services. Twenty-seven clinics provided information on the point in treatment when training was first offered. Six reported that training began at intake and continued through treatment. Eight required that clients be stabilized in the program or ready for training. Only 12 clinics reported providing stipends to clients for training-related work. Teachers (6 clinics) or general counselors (6 clinics) were the staff generally involved with the training. Only 13 clinics reported that clients were involved with in-house training in the month prior to the survey.

The majority of the clinics surveyed indicated that skill training was available for clients through referrals to community agencies. One hundred and thirty-eight clinics (86 percent) mentioned one or more agencies which were used for referrals. DVR was mentioned most frequently, by a total of 88 clinics. CETA was cited as a source by 57 clinics. Technical schools or community colleges were mentioned by 32 clinics. Other sources identified by 10 or more clinics included manpower programs (14), colleges (10), State employment agencies (16), community service organizations (16), skills centers (10), and public service employment (11). Methadone clinics mentioned DVR (58 percent), CETA (32 percent), and schools (29 percent) proportionately more frequently as referral sources than other modalities. Outpatient drug-free clinics mentioned these three sources proportionately less than residential programs.

Referrals were made only upon stabilization or determination of readiness by 22 clinics. Twenty required clients to remain in treatment for between 1 and 12 months. Only 10 clinics referred clients at intake, 6 referred at any time, and 2 referred only on the clients' request.

Fifty-two clinics reported that clients received some stipend for training. Thirty clinics reported that clients received some wage or

other direct payment. Another 10 indicated clients received reimbursement for expenses or tuition when participating in a training program. Despite the information provided on referral only 57 clinics (35 percent) indicated that clients were referred to training in the month prior to this study.

JOB PLACEMENT

Some type of job placement service was described by 136 clinics (83 percent). Although 101 of the clinics (62 percent) reported that placement services were available through referral (see table 5), 67 clinics (41 percent) described referral agencies as a primary source of services while the remainder mentioned a variety of in-house services. The most common types of services mentioned included collection of information on job openings (25 clinics), making appointments with employers for clients (12 clinics), assisting individuals in the job search (13 clinics), and group counseling on job search and application skills (12 clinics).

Few clinics reported formal or informal arrangements with employers for placement. Only nine (5 percent) clinics reported making contacts to try to create jobs for clients. Five clinics reported they had agreements with firms to hire "good" clients. In three clinics employers contacted the clinic requesting workers.

When asked to describe organizations hiring clients, the most common responses were private firms (32 clinics), factory or industry (33 clinics), public service employers (15 clinics), restaurants (14 clinics), or contruction firms (10 clinics). A variety of other job areas were mentioned by one or two clinics including banks, taxi companies, hotels, fast food chains, insurance firms, retail stores, service stations, hospitals, or trucking businesses.

Most of the reported placements were with private employers. Thirty-six clinics (22 percent) reported placement with private employers in the past month. Six clinics made placements with public employers and 11 clinics placed clients in public service employment. Only one clinic reported that a client was placed in a full-time salaried position in a drug treatment program. Thirty-four clinics (21 percent) did not know the number of placements. In another 94 clinics (57 percent) it was not possible to ascertain how many clients were placed.

Staffing for job placement services was the responsibility of general counselors in 24 clinics, vocational rehabilitation specialists in 16 clinics, job counselors in 11 clinics, and job developers in 9 clinics. Placements were made after stabilization or a determination of readiness in 19 clinics. Nineteen clinics specified some time period in treatment was required before clients would be referred to jobs. Only two clinics stated that clients could be referred at intake.

Fifty-three clinics reported verification or followups on placements were not conducted. Forty-eight clinics reported that some followup contact might be made, but only 6 clinics generally made followup contacts by phone or in person.

JOB DEVELOPMENT

Some kind of job development efforts were described by 84 clinics (51 percent). Forty clinics (24 percent) reported that contacts were made with employers to discuss jobs for clients. Twenty-two clinics mentioned that jobs were developed by referral sources. Ten clinics specifically listed job banks or other job-finding agencies as a primary source of jobs. Twenty-four clinics stated that treatment program personnel had contacts that led to job development. Only 39 clinics provided a description of the types of employers contacted. The clinics that did describe contacts concentrated on private firms; primarily those in industrial settings. Only two clinics reported contacting private employers in the month before this study and only one clinic contacted a public employer. The staff generally responsible for job development included general counselors (11 clinics), administrators (9 clinics), vocational rehabilitation specialists (11 clinics), and job counselors (9 clinics). Only nine clinics identified staff members as responsible for job development.

4. RELATIONSHIP OF VOCATIONAL SERVICES AND EMPLOYMENT

The relationship of vocational services and employment was analyzed based on outcomes for all clients in a clinic rather than for individual clients. This analysis provides an initial insight into the relationship. However, more detailed data should be collected for individual clients before a clear understanding of the relationship can be obtained. In the following sections, results of two kinds of analyses are briefly presented. The first focuses on the bivariate relationships between clinic employment rates for the last half of 1976 and a variety of other variables. The second uses a multivariate framework to assess the impact of vocational services on clinic employment rates.

BIVARIATE RELATIONSHIPS

The relationships of four sets of predictor variables with three sets of dependent variables were examined. The independent sets of predictor variables included treatment modality, client characteristics (sex, age, race, education, and drug use), the employment rates of clients at admission to the programs in 1976, and community unemployment rates in 1976.

The dependent variables included the five components of vocational services, the emphasis on vocational services, and descriptions of staffing patterns.

The final set of dependent variables were based on employment rates at discharge calculated from CODAP reports for each clinic in the sample. Full-time, part-time, and combined employment rates were used. To control for the employment rates at admission, a variable was created based on the difference between rates of full- and part-time employment for clients discharged in 1976 and the rates of employment at admission.

Each variable was correlated with all the dependent variables. The correlation matrices were all based on the data from 164 clinics responding to the study. Selected correlation coefficients from these analyses are shown in table 8. All vocational components and staffing variables were also correlated with discharge employment rates.

Relationships of Predictors With Vocational Components

The relationships of treatment modalities with the presence or absence of vocational components replicated the results found when frequencies were examined. Residential clinics were more likely than other modalities to have a strong emphasis on vocational services, as well as to have all components available. Outpatient clinics were less likely to provide vocational services.

Clinics with a higher proportion of black clients, opiate abusers, older clients, and better educated clients report more vocational services are available.

A strong emphasis on vocational services was also found more frequently in clinics where clients have low full-time employment rates at admission.

These results suggest that vocational services are more likely to be developed in clinics where employment is clearly a problem. This conclusion is reinforced by the findings that community unemployment rates are also correlated with the existence of vocational services. There is a significant relationship of area unemployment rates with the presence of counseling and placement services. A high unemployment rate in all treatment clinics in the same SMSA as reported by CODAP was also positively correlated with a strong emphasis on vocational services.

Relationships of Predictors With Staffing of Vocational Services

It should be anticipated that the relationship of staff variables with predictors would be similar to those found with vocational components. Residential clinics in addition to

TABLE 8.--Correlation coefficients of predictors with emphasis on vocational services and presence of components of vocational services

	Major emphasis on vocational services	Assessment	Counseling	Training	Placement	Job development
Client characteristics						
Percent black	0.10	0.20	0.10	0.21	0.18	0.21
Percent opiate abusers	.09	.31	.05	.12	.24	.21
Percent age 26 to 30	.16	.21	-.01	.19	.21	.11
Full employment	-.21	.03	-.12	-.30	.02	-.12
Community characteristics						
Employment rate in SMSA	+.01	-.06	-.19	-.03	-.19	-.07
Employment rate in CODAP drug treatment programs in SMSA	-.20	0	-.03	-.04	.16	-.01
Characteristics of full-time vocational staff						
Vocational specialist	.14	.18	.22	.18	.21	.25
Job counselor	.09	.12	.16	.19	.08	.19
Job developer	.10	.16	.14	.21	.11	.23
Other counselor	.03	-.04	.26	.13	.13	.05

reporting more components also had more staff designated as vocational staff and reported the staff had more formal training in vocational areas. Programs with higher proportions of black clients, opiate abusers, older clients, and high school graduates also were more likely to have designated vocational staff or vocational rehabilitation specialists. High unemployment rates for clients entering the clinics in the sample and the unemployment rates for other programs in the community as reported by CODAP were also correlated with the presence of vocational staff. Thus, it appears that in clinics and communities where there is a clear need for vocational services, clinics are more likely to designate staff for vocational services.

Relationships of Predictor Variables With Employment Outcomes at Discharge

The relationships of vocational components and vocational staff with employment outcomes are complex because a number of predictors were associated with the existence of components. Any relationship between vocational services and employment might depend on these other relationships. It should also be noted that some statistical effects may account for the different patterns of correlation between absolute discharge employment rates and the change in employment rates from admission to discharge.

Methadone clinics have significantly higher full-time employment rates at discharge while outpatient programs have higher part-time employment rates. While residential clinics had lower absolute rates of employment than other modalities, they have a higher rate of increase in employment rates between admission and discharge. Methadone clinics had less difference in employment rates between admission and discharge than the other clinics. Clinics with a higher rate of white clients had significant positive correlations with discharge employment rates. A low level of education was negatively correlated with employment rates. Community unemployment rates were not related to rates of employment at discharge.

Vocational services or staffing had no significant correlations with absolute employment rates at discharge. However, the existence of job counseling, job placement, and job development services was positively correlated with the differences in employment rates at admission and discharge. The existence of designated vocational staff and all other vocational service and vocational staffing variables were also positively correlated with this difference score. These results would suggest that vocational services and the presence of vocational staff do improve the employment chances for clients in these clinics.

MULTIVARIATE RELATIONSHIPS

In the preceding section, the bivariate relationships of vocational services and staffing with employment outcomes were examined. Some vocational components and staffing variables were positively related to higher discharge employment rates compared to employment rates at admission. However, a number of predictor variables, especially treatment modality, were found to be related to both the existence of vocational services and to employment outcomes. Consequently, it was necessary to conduct multivariate analyses to take into account the effects of other variables to more clearly assess the association of employment rates and vocational services.

Two preliminary types of multivariate analyses using multiple regression equations were conducted. The analyses were based on between 100 and 150 clinics which had data on all variables to be examined. A variety of predictor variables including (1) proportions of males, whites, opiate abusers, clients 18-20 years old, clients who had not completed high school, high school graduates in a clinic; (2) treatment modality; (3) community employment rates; and (4) vocational services were examined.

The results from these analyses should be viewed as tentative. It is clear that the relationships between vocational services and employment outcomes are complex and require the consideration of a variety of other predictor variables that are related to both the development of vocational services and employment outcomes. Despite the complexity of the relationships, these analyses did indicate that some aspects of vocational services were significantly related to positive employment outcomes even after other possible explanatory variables were taken into account.

In these analyses it appeared that the treatment modality, client characteristics, and unemployment rates in a community could impact on the development of vocational services. In clinics where clients appear to have low opportunities for employment either because of sex, age, race, education, employment status at admission, or high unemployment in the community, more vocational services were reported.

There was also evidence that vocational services could improve the employment rates of

clients leaving treatment. The existence of job counseling, job placement, and job development services in clinics was positively correlated with the difference between admission and discharge employment rates. Positive relationships were also found even after other possible predictors were taken into account.

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